

This form is prescribed by the Superintendent for use the superintendent fo



STATE OF NEW JERSEY

by applicants for Firearms I.D. Cards and Handgun Application to Purchase a Handgun Amount of permits being applied for:	
Purchase Permits. Any alteration to this form is expressly forbidden. All persons wishing to obtain a Firearms Purchaser Identification Card or Permit to Purchase a Handgun are required to complete this application form. Submit in duplicate. (If internet form, make and sign two originals)	
(1) Last Name (If female, include maiden) First Middle (2) Resident Address (Number - Street - City - State - Zip)	
(3) Date of Birth (4) Age (Place of Birth - City - State or Country) Month Day Year	(5) U.S. Citizen (6) Social Security Number
(7) Sex Height Weight Eyes Race Hair Complexion (8) Distinguishing Physical Characteristics	
(9) Name of Employer (10) Employer's Address (Number - Street - City - State - Zip)	
(11) Occupation	(12) Home Telephone (13) Business Telephone
(14) Driver's License Number & State (15) If you possess a N.J. Firearms Purchaser ID Card, list the number	
(16) Have you ever been adjudged a juvenile delinquent? Yes If Yes, List Date(s) No	Place(s) Offense(s)
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	Place(s) Offense(s)
(18) Have you ever been convicted of a criminal offense that has not been expunded or sealed?	Place(s) Offense(s)
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	When? Where Why?
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked?	When? Where Why?
(21) Are you an Alcoholic? , \square yes (22) Have you ever been confined	or committed to a mental institution or hospital for treatment or observation on a temporary, interim or permanent basis? If Yes, give the name and ital and the date(s) of such confinement or commitment.
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	
a drug abuse problem? institution on an in-patient or outp	treated or observed by any doctor or psychiatrist or at any hospital or mental patient basis for any mental or psychiatric conditions? If Yes, give the name & the hospital or institution and the date(s) of such occurrence.
(26) Do you suffer from a physical defect or sickness?	
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain. (28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain. Yes No	
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain.	
(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here:	
(31) Names & Addresses of two reputable persons who are presently acquainted with the applicant, other than relatives: **Raddress** **Telephone Number** **Telephone Number**	
AB.	
APPLICANT: DO NOT WRITE BELOW THIS SPACE	I hereby certify that the answers given on this application are complete, true
A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card or \$2.00 for each Permit to Purchase a Handgun, payable to either the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application.	and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.
APPROVED IDENTIFICATION CARD/PERMIT NUMBER(S)	(27) Signature of Applicant Date of Application
Reason for Disapproval DISAPPROVED A. CRIMINAL RECORD	(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)
B. PUBLIC HEALTH SAFETY AND WELFARE C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND	Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c. APPLICANT: DO NOT WRITE BELOW THIS SPACE
GRANTED ON APPEAL E. FALSIFICATION OF APPLICATION	This, 20, 20
F. DOMESTIC VIOLENCE G. OTHER (SPECIFY)	Signature Title
STS-33 (Rev 11/03)	Department of Police